

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/049671			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1				
2									
3		1							
4		3							
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331

Barbara Campbell
National Stage Processing
(703) 305-3331
U.S. DEPARTMENT OF COMMERCE
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